## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F67839

Principal Place of Business

SOUTHERN TRADITION HOMES, INC.

	AMANDA MAE COURT AHASSEE FL 32312	2138 AMANDA MAE COURT TALLAHASSEE FL 32312 US	ī				Date Incorpora 02/18/1982			E IN THI	S SPACE	
2. Pr	rincipal Place of Business	2a. Mailing Address					FEI Number				-T	Applied For
21		26	26			ļ	59-2159330	)				Not Applicable
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22		27	<u> </u>			<b>5</b> . (	Certifcate of St	atus Desi	ired			Required
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24	25	<del></del>	30		1		Personal Prope				Yes	Mo
<u> </u>	9. Name and Address of Curre	nt Registered Agent				10.	Name and Ad	dress of	New R	egistered	1 Agent	
	YOUNG, DONALD W		81	il Na	ame -							
	2138 AMANDA MAE COURT	• .	82 Street Ad			s (P.0	O. Box Number	r is Not A	cceptai	ble)		
	TALLAHASSEE FL 32312		1									
	IALLAHASSEL I E SESTE		83	<b>'</b>								الو الإ :
			84	Cit	ity				<u> </u>		85 Z	ip Code
 11 C	Pursuant to the provisions of Sections 607.05	02 and 607 1509 Florida Statute	the abov	ra-nar	med corners	otion :	aubmite this et	stement f	or the r		f changing	ite registered
0	office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations are supplied to the obligations of the obligations are supplied to the obligations are	of Florida. Such change was au	thorized by	the c	corporation's	s boa	ard of directors.	I hereby	accept	the appo	ointment as	registered
SIGN	ATURE Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Ager	ent signs	ature required wh	men rein	instating)			DATE		
Signature, typed or printed name of registered agent of CFFICERS AND								ANCEC T	- AFF		ND DIDEO	TODE IN 12
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6.4 CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 01-22-1999 90058 024 \*\*\*150.00